## 2002 UNIFORM BUSINESS REPORT (UBR)

P98000028489

**DOCUMENT #** 

## FILED Jun 19, 2002 8:00 am Secretary of State 06-19-2002 90929 016 \*\*\*150.00

1. Entity Nat ABBOTT	GRADING & EXCAVATING, II	NC.		ŧν	06-19-2002 90929 01	6 ***130.0	10	
Principal Place of Business 1524 HERNANDES COURT ORLANDO FL 32808		Mailing Address 1524 HERNANDES COURT ORLANDO FL 32808			870035			
2. Principal I	Place of Business	3. Mailing Address	0017					
P. D. Box 68           Suite, Apt. #, etc.         Suite, Apt. #, etc.			0361	_	DO NOT WRITE IN THIS SPACE			
City & Sta	ale	ORIANDO	FL	4.	FEI Number 59-3500122	_	Applied For	
Zip	Country	32868	Country	ξ 5.	Certificate of Status Desired	\$8.75 A	dditional	
	6. Name and Address of Current Re	egistered Agent		7.	Name and Address of New Register			
	RNANDES COURT		Street A		Box Number is Not Acceptable)			
- OKITAMIDO	D FL 32808		City		·	Zip Co	de	
Tax illing r	z Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	EROPATOR Agent signat II FEE IS \$150. 12 Fee will be \$5	00 50.00	10. Election Campaign Financing Trust Fund Contribution.	(a/0 <u>J</u> □ \$5.0	00 May Be	
1.	OFFICERS AND DIE		12.		DITIONS/CHANGES TO OFFICERS A	NO DIOSOSO		
TLE NME REET ADORESS IY-ST-ZIP	P ABBOTT, DANNY 1524 HERNANDEZ CT ORLANDO FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		UTTONS/CHANGES TO OFFICERS A	□ Change	Addition	
	ST TARR, BRENDA 1524 HERNANDEZ CT ORLANDO FL 32808	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
ME REET ADDRESS	A STATE OF THE STA	Delete	STREET ADDRESS	an angre - Lagar	ت بنهم الرحم الله المحمد المحم	Charige	Addition	
Y-ST-ZIP  LE  ME  REET AODRESS  Y-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
LE Me Leet address		☐ Delete	CITY-ST-ZIP TIFLE NAME STREET ADDRESS			☐ Change	Addition	
E AE EET ADORESS (-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
F. ST-ZIP  E. ME  EET ADDRESS  (-ST-ZIP  I hereby ce indicated o of the corp.)	entify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with a	filing does not qualify for the and accurate and that my	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	f in Section 11 e the same le er 607, Florida	19.07(3)(i), Floride Statutes, I further or gal effect as if made under oath; that i a Statutes; and that my name appears		fi	